

PLEASE PRINT

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 2 4 2017

I. Name of Lobbyist(s) Katherine Lawrence			NEW HAMPSHIRE DEPARTMENT OF STATE	
II. Name of lobbyist's partners	hip, firm or corporation, if	any;		
	rship, firm or corporation)			
Business Address: (Street)	(Town/City)	(State)	(Zip Code)	
()(Telephone)	()(Fa	e-mailx)	·	
III. This statement covers: (Chereportable expense transaction			y file a separate report for	
All reportable transactions oc	curring in the months prior to	o the reporting date relative to the	e following client:	
ACT, Inc.				
(Full Narr	e of Client as it appears on the L	Lobbyist Registration Form)		
☐ All reportable transactions by unrelated to any particular client.		obbyist's family), or the lobbying	firm listed below which are	
Reports cover: activity from dat	, 2017 \Box e of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17		
	25, 2017 X n 7/1/17 to 9/30/17	January 31, 2018 [] activity from 10/1/17 to 12/31/	17	
V. There have been no fees a lf this box is checked, complete ju Concord, NH 03301.	received and no reportable ust this form and submit it to	le transactions made since the the Secretary of State's Office, St	ne last report. Value House, Room 204,	
VI. Check if additional reports	are attached:			
☐ If you have received fees or	made expenditures, you must	file Addendum A – Fees and Ex		
☐ If you have paid an honorari Expense Reimbursement	am or reimbursed expenses, y	you must file Addendum B- Rep	port of Honorariums or	
☐ If you, your firm, or your far	nily has made political contri	butions, you must file Addendu	m C- Political Contributions	
Sworn Statement/Affirmation I have read RSA 15, RSA 15-B, and complete to the best of my k (Signature of lobbyist)	RSA 14-C and RSA 664 and	hereby swear or affirm that the fo		
Katherine Lawrence	-			
(Print Name of lobbyist)				